

STATE OF ARIZONA EMPLOYEE TRAVEL CARD CARDHOLDER AGREEMENT

I, _____, understand and agree that:

1. I hereby ☐ authorize / ☐ do NOT authorize (please check one) my agency to provide the Travel Card Program Contractor (TCPC) with my social security number (SSN) and other personally identifiable information (PII). The TCPC will use my SSN for the purpose of determining whether to issue me an Employee Travel Card (ETC); the TCPC may use other PII to comply with the requirements of the Office of Foreign Assets Control (OFAC). My cooperation with these requests is voluntary; I understand, however, failure to authorize disclosure of my SSN and other PII will result in the TCPC's refusing to issue me an ETC.
2. My agency and authorized State personnel (authorized State personnel are typically General Accounting Office staff tasked with ETC control and oversight) have access to review my account's expense detail reports provided by the TCPC.
3. The ETC may be used to purchase airfare (if authorized by my agency's internal policies), lodging, car rental, other transportation charges, meals and incidental expenses, and other miscellaneous charges for travel on official business for the State of Arizona.
4. Purchases for authorized travel purposes while I am in travel status that would otherwise be permitted under State laws, rules or policies except for their exceeding maximum reimbursement or pre-approved limits may be made on the ETC, but are my sole responsibility and will not be reimbursed by my agency or the State. Examples of such purchases include, but are not limited to, an upgrade to a rental car or common carrier fare and/or meals and incidental expenses or lodging expenses in excess of maximum reimbursement rates.
5. The ETC shall not be used for any personal or other expenses that are not related to authorized travel for the State of Arizona. Such use may result in the revocation, without notice, of the ETC.
6. Delinquency charges incurred or interest accrued with respect to ETC will not be reimbursed by my agency or the State. Ample time is allowed to submit a complete and accurate Form GAO-503EZ (or its authorized equivalent), receive reimbursement, and make full payment to the TCPC before delinquency charges are incurred or interest is accrued. I understand that if I become delinquent with respect to this ETC: the TCPC reserves the right to conduct a full credit check and my account may be canceled; my agency may cancel my ETC; and/or any authorized representative of the State may cancel my ETC.
7. If authorized by my agency, the ETC may be used to obtain a cash advance from an automated teller machine (ATM) for the purpose of paying for non-chargeable travel expenses while on official State business. Excess amounts withdrawn and not used while in travel status for State travel expenses will not be reimbursed by the State.
8. ATM cash advance fees are only eligible for reimbursement when the ETC is used in connection with authorized overnight travel. The reimbursement of ATM cash advance fees is limited to once every five (5) business days while in travel status. The maximum amount that may be reimbursed for ATM cash advance fees is \$8.00 per withdrawal.
9. I am liable for all charges incurred on the ETC and for making all payments when due. The State is not responsible for any collection costs incurred as a result of my non-payment. The State will only reimburse allowable expenses upon receipt of a properly completed Form GAO-503EZ (or its authorized equivalent, or a travel claim entered into any automated State travel system) and any required backup documentation. The State also reserves the right to pay the TCPC directly for my valid State of Arizona travel expenses instead of reimbursing me for the charges.
10. If my ETC is revoked by my agency, the State or the TCPC due to my non-payment, I will not be eligible to receive travel advances. Additionally, card reinstatement and any associated fees charged as a result will be my sole responsibility.
11. The State is not responsible for resolving any billing disputes involving the ETC.
12. My ETC privileges may be canceled at any time by agency management or by other authorized State personnel, due to my misuse of the card, change in duties, termination of employment, delinquency of payment, or any other circumstances as determined by my agency or the State.
13. Upon my resignation, retirement, transfer to another State agency or termination from State service, or upon a request made by agency management or by authorized State personnel, I will immediately surrender my ETC to my agency and discontinue all use of the card.
14. If non-disputed charges related to the use of my ETC become sixty (60) or more days past due or if I transfer from or otherwise leave the agency by which I am currently employed, they may be paid directly to the TCPC by the agency or the State; any such amounts may be deducted from my wages, salary, other compensation or expense reimbursements due me. Additionally, my ETC may be revoked by my agency, the State or the TCPC upon the initial delinquency. My ETC will be revoked by the State upon the second delinquency.
15. I authorize the State to deduct any balance remaining unpaid on this account upon my resignation, retirement, termination or transfer to another State agency from my wages, salary, other compensation or expense reimbursements due to me. I authorize the State to pursue collection, on behalf of the TCPC and itself, by whatever legal means for any amounts remaining unpaid on this account after one hundred eighty (180) days. The State shall have the right to recover, on behalf of itself and the TCPC, all costs and expenses to the extent not prohibited by law, including, but not limited to, administrative costs, outside collection agencies, reasonable attorney's fees, and court costs.

I have received, read and do understand and agree to comply with the State of Arizona and, as applicable, my agency's ETC policies and procedures.

Employee Signature

Date

Employee Name

Employee Travel Card (ETC) Application

Must complete both sides of this form. The completed and signed form must be scanned and emailed to AFIS.Operations@azdoa.gov.
The completed and signed original is to be retained at the agency.

Applicant Information (must be legal name)

First Name Middle Name Last Name

Work Email Office Phone EIN

Agency Name Unit

Billing Home Address (not agency address and no PO Box)

Address Line 1

Address Line 2

City State Zip Code

Personal Phone Personal Email

Agency Authorization - Card Limits and Signatures

Credit Limit Amount ☐ The agency (if so authorized) has already opened this card.

Single Purchase Limit if applicable

I have read the Cardholder Agreement on the reverse side of this form and agree, to the extent practicable, to enforce its terms and conditions with respect to the applicant.

Approving Official's Signature (Required)

Date (Required)

Approving Official's Name (Required)

Approving Official's Title (Required)

Second Approving Official's Signature

Date

Second Approving Official's Name

Second Approving Official's Title

GAO USE ONLY - Banking Information

Bank Company

Agent Managing Account Name